

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19936

**Entity Name:** CHI OMEGA HOUSING CORPORATION

**Current Principal Place of Business:**

807 W. PANHELLENIC  
GAINESVILLE, FL 32601

**Current Mailing Address:**

P.O. BOX 140295  
GAINESVILLE, FL 32614 US

**FEI Number:** 59-6135388

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BAILES, STEPHANIE  
4042 SW 69TH AVENUE  
GAINESVILLE, FL 32608 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** STEPHANIE BAILES

04/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            MCCREA, SARA LYNN  
Address        6124 SW 35TH WAY  
City-State-Zip: GAINESVILLE FL 32608

Title            BOARD MEMBER  
Name            BAILES, STEPHANIE  
Address        4042 SW 69TH AVENUE  
City-State-Zip: GAINESVILLE FL 32608

Title            PRESIDENT  
Name            MYRAND, MARY ANN  
Address        P.O. BOX 140295  
City-State-Zip: GAINESVILLE FL 32614

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHANIE C BAILES

**BUSINESS MANAGER**

04/30/2020

Electronic Signature of Signing Officer/Director Detail

Date